

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040023-7

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 1 of 4

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)
Thompson Ramo Wooldridge Inc.

Los Angeles, California

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms	Invoice Nos.				
			2434			343	10
			2436			2,866	84
			2437			1,192	05
			2438			1,070	50
			2440			845	10
			2441			636	23
			2442			1,143	67
			2444			11,646	95
			2446			10,086	34
						9,786	03
							continued

PAYMENT:

Complete ☐

Partial ☐

Final ☐

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Use continuation sheet(s) if necessary

Government B/L No.

Total

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Form prescribed by
Comptroller General, U.S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
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Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040023-7
PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 2 of 4

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., _____
Payee's Account No. _____

To _____
Thompson Ramo Wooldridge Inc.
(Payee)

Los Angeles, California

(Address) (City) (State)

(Address)		(City)		(State)				
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	Invoice Nos.		Cost	Per	Dollars	Cts.
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>			2447				933	76
			2448				4,238	32
			2449				9,707	50
			2450				1,738	40
			2451				2,267	08
			2452				40	47
			2453				16,946	01
			2454				(620	90)
			2455				248	53
			continued					
Use continuation sheet(s) if necessary								

Government B/L No.

Standard Form No. 1044-B
Form prescribed by
Comptroller General, U. S.
September 7, 1960
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1962)

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040023-7

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

Bu. Vou. No. _____

Page 3 of 4

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)
Thompson Ramo Wooldridge Inc.

Los Angeles, California

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT		
		Discount Terms	Invoice No.		Cost	Per	Dollars	Cts.	
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>			2456					2,096	12
			2457					(917	98)
			2458					6	45
			2459					2,620	54
			2460					2,878	29
			2461					29,319	11
			2462					(34	27)
			2463					16	45
			2464					918	24
		Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040023-7							
Use continuation sheet(s) if necessary									
Government B/L No.								Total	

U. S. GOVERNMENT VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Page 4 of 4

PAID BY

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

Los Angeles, California

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms	Invoice No.				
			2465			3,894	55
			2467			6,274	93
			2469			2,187	97
			2470			682	46
			2471			1	69
			2472			17,965	87

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 143,026 40

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

STATINTL

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

143,026 40

(Signature or initials)

Per _____ Title _____

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM. STATINTL

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, as in the following: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____